<b> </b>	REIMBURSAE	E (Department, burcau, or establishment)			- PAID BY		
Voucher prepa	red at	·				-	
THE UNITED STATES, Dr.,		(Give place and date)  Payee's Account No.				Enc 1 4 4	
To		(Payee)		~~~~		- СОРУ	/ OF 2
		(1 ayoo)				_	
	(Add	APTICI	Oity) ES OR SERVICES	(State)	T	UNIT PRICE	E AI
No. and Date of Order	Date of Delivery or Service	(Enter description, item n schedule, and other i Discount Terms	umber of contract or Fed information deemed nece	leral supply ssary)	QUANTITY	Cost Pe	
		Costs					\$1
PAYMENT:		·					
Partial 🗌   Final 🔲		Ties continue	tion sheet(s) if necessary				
Shipped from		to Weigh		ment B/L No.			otal \$
	hove bill is correc	ct and just and that payment h	as not been received.			T use this space	l
I certify that the a	ODOVE DIN 18 CONTEC			Differe	nces		
		(Sign original only)					
Date $\frac{1}{7}$	59 *Pavee	when a like cortifici					*
		when a like certifica	ate is made by payee on attached bill of	Am	ount verified;	correct for	l— <i>-</i>
		itle	Reg. No.		Date		e Rec'd.
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Contract No.	1-/0/ rity vested in me,	I certify that this account is co	orrect and proper for payn				
Contract No.			† -		(Author	ized Certifying Of	fficer)
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